



Docket: 33332/US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:	Edgar Hommann	
Application No.:	10/650,521	
Filing Date:	August 28, 2003	Examiner: Unknown
Title:	Device for Controlled Delivery of an Injectable Liquid	Group Art Unit: 3761

INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR § 1.97(B)

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this document is being sent via First Class U.S. mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 11 day of February, 2004.

Frances Exe

(Signature)

Dear Sir:

Pursuant to 37 CFR § 1.97(b), the references listed on the attached Form PTO-1449 (1 sheet, submitted in duplicate) are brought to the attention of the Examiner for consideration in connection with the examination of the above-identified patent application. Copies of the identified references are enclosed as necessary. This IDS is being filed before the mailing of a first office action on the merits. In accordance with 37 CFR § 1.97(b), no statement or fee is required.

Respectfully submitted,

DORSEY & WHITNEY LLP
Customer Number 25763

Date:

February 10, 2004

By:

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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Application Number 10/650,521

Filing Date August 28, 2003

First Named Inventor Edgar Hommann

Art Unit 3761

Examiner Name Unknown

Sheet

1

of

1

Attorney Docket Number 33332/US

U.S. PATENT DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US-			
		US-			
		US-			
		US-			
		US-			

FOREIGN PATENT DOCUMENTS

*Examiner Initial	Cite No.	FOREIGN PATENT DOCUMENT		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	TRANSLATION	
		Country Code:	Number - Kind Code (if known)				YES	NO
		DE	33 31 424 A1	03/08/1984			<input type="checkbox"/>	<input type="checkbox"/>
		DE	43 04 544 A1	08/11/1994			<input type="checkbox"/>	<input type="checkbox"/>
		WO	95/09021	04/06/1995	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	98/57688	12/23/1998	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	01/19434 A1	03/22/2001	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	01/78812 A1	10/25/2001	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	01/87386 A1	11/22/2001	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	01/83008 A1	11/08/2001	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	02/28455 A1	04/11/2002	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE

DATE CONSIDERED

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.